

STATE OF ALABAMA

NAME RESERVATION REQUEST FORM FOR DOMESTIC ENTITIES (Business or Non-Profit)

PURPOSE: To request reservation of entity name prior to forming said entity in the State of Alabama. Pertinent requirements are listed in Title 10A, Chapter 1, Article 5 of the Alabama Business and Nonprofit Entities Code. These requirements apply to all entity types, business and non-profit.

INSTRUCTIONS: Mail or fax two (2) copies of this form with the appropriate fee to the Office of the Secretary of State. Mail your check for \$10 for standard processing (3 to 5 business days minimum) or \$25 for expedited processing (3 business days maximum) to PO Box 5616, Montgomery, AL 36103. You may fax the form to 334-240-3138 if you are paying by credit card. No fees are charged or deposited until the Reservation is approved. If the check is dishonored the Reservation will be terminated.

(For SOS Office Use Only)

This form must be typed or laser printed.

1. Type of Entity (check one):

- | | |
|---|---|
| <input type="checkbox"/> Corporation (Business or Non-Profit) | <input type="checkbox"/> Registered Limited Liability Partnership (LLP) |
| <input type="checkbox"/> Professional Corporation (PC) | <input type="checkbox"/> Limited Partnership (LP) |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Limited Liability Limited Partnership (LLLP) |
| <input type="checkbox"/> Employee Cooperative Corporation | <input type="checkbox"/> Real Estate Investment Trust |

2. Name Requested:

3. County in which registered office will be located: _____

Instructions: Go to www.sos.alabama.gov and click on Government Records, then Business Entity Records in the drop-down listing, then search the database under Entity Name by typing in the name that you would like to use for your entity. Do not complete any of the other boxes on the search page and the system will show all entities using the name or, in many cases, similar names. Entity names must be distinguishable on the index from existing names. Performing the search may shorten the time it takes to get a Name Reservation completed by reducing rejections.

Name requirements of Title 10A:

Corporations: The name of a corporation must contain the word “corporation” or “incorporated”; or an abbreviation of one of those words. Exceptions are: nonprofit corporations, banks, trust companies, savings and loan associations, or insurance companies. [10A-1-5.04]

Professional Corporations: The name of a professional corporation must contain the words “professional corporation” or the abbreviation “P.C.” or “P C”. [10A-1-5.08]

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Limited Liability Companies (LLC): The name of a limited liability company must contain the words “Limited Liability Company” or the abbreviation “L.L.C.” or “LLC”. [10A-1-5.06]

Registered Limited Liability Partnerships (LLP): The name of a registered limited liability partnership shall contain the words “Registered Limited Liability Partnership” or the abbreviation “L.L.P.” or “LLP”. [10A-1-5.07]

Limited Partnerships: The name of a limited partnership that is not a limited liability limited partnership must contain the phrase "limited partnership" or "Limited," or the abbreviation "L.P.," "LP," or "Ltd." and must not contain the phrase "limited liability limited partnership" or the abbreviation "LLLP" or "L.L.L.P.". The name of a limited partnership may not contain the following words: "bank," "banking," "banker," "trust," "insurance," "insurer," "corporation," "incorporated," or any abbreviation of such words. [10A-9-1.08]

Limited Liability Limited Partnerships: The name of a limited liability limited partnership must contain the phrase "limited liability limited partnership" or the abbreviation "LLLP" or "L.L.L.P." and must not contain the phrase "limited partnership" or the term "Limited," or the abbreviation "L.P.," "LP," or "Ltd.". [10A-9-1.08]

4. The certification of name reservation is to be forwarded to:_____

Mailing Address

Date

()

Telephone Number

Name of Requester

All documents are mailed standard USPS unless envelopes with special postage or overnight courier envelopes are included with the request. Any overnight courier envelopes must have a completed airbill with the billing information completed and clearly marked "bill recipient."

_____ I wish to have my certification of name reservation faxed to _____ (10 digit fax number). This option is only available with the expedited processing option.

Credit Card Payment Option: Card Type: _____ (Visa, MC, Discover & AmEx)

Service Requested (check one): _____ \$10.00 standard processing option (3 to 5 business days minimum)
 _____ \$25.00 expedited processing option (3 business days maximum)

Card Number: _____ Expiration Mo/Yr: ____/____

Card Holder Name: _____

Complete Billing Address: _____

Street or PO	City	State	Zip

Signature of Card Holder: _____